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Paid HIV rapid testing in general medicine private practice in French Guiana: a pilot project

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Abstract

French Guiana is the French territory with the highest HIV prevalence. A pilot study implemented rapid HIV testing in private practitioner's clinics with funding of the tests and compensation for the time spent for the test. Communication informed the population about this opportunity. Overall 90% of private practitioners participated over a period of 23 months, diagnosing 41 new patients for 4868 tests performed. This intervention seemed successful, and the health authorities have now transformed it into policy.

Key words: HIV rapid testing; private practice; diagnostic delay; French Guiana; Public Health

Introduction

French Guiana has long been the French territory most affected by HIV (Ministry of Health, 2010). Persons unaware of their HIV infection have a preponderant role in the infection of new sexual partners (Marks, Crepaz, & Janssen, 2006). Too often, HIV-infected persons unaware of their infections repeatedly come in contact with physicians without being proposed to do an HIV test (Champenois et al., 2013). In French Guiana, private practitioners perform 70% of all HIV tests and diagnose 45% of new HIV patients (INVS, 2012). Following the national recommendations to do an HIV test each year for every one having sexual relations in French Guiana (HAS, 2009; Ministry of Health, 2010), a pilot project using rapid HIV tests in the private practice was developed by the Réseau Kikiwi, a network of health professionals involved in HIV care and testing. The objective here is to present this experience and its evaluation.

Methods

Context of private practice in French Guiana

French Guiana is the least medicalized French territory. Modelling studies predict that this will get worse in the future (Boula, 2011). Private practitioners thus have little time for more than what the patient comes for.

Context of the project initiation

Between July and November 2011, 12 private practitioners volunteered to start using rapid tests. The Health Regional Agency and the Caisse Générale de Sécurité Sociale then agreed to fund the tests and to compensate practitioners for the time taken to test the patient starting in December 2011. Practitioners were trained on the test, on how to break the news of a positive test and on the organisation of HIV care for patient referral; practitioners signed a participant's charter, and kept a simple registry to justify payment. A communication campaign was organized with radio, television campaigns and large posters along major roads; posters were placed in all pharmacies with a message in 5 local languages, and given to private practitioners to place in their waiting rooms in order to inform patients (Figure 1).

Quantitative evaluation

The data from the anonymized rapid test registries between December 2011 and May 2013 were analyzed.

Evaluation of acceptability

Between March and April 2012 face to face interviews were conducted with 32 practitioners working in the Cayenne area using a structured questionnaire.

In February 2012, a physician collected the responses of consenting patients waiting for a consultation in a private practice using a questionnaire filled by the patient. When the patient had problems to read and write in French the interview was done face to face by the investigating physician.

Regulatory approval

In accordance with French law the database was declared to the commission nationale informatique et libertés N°1690953.

Results

Quantitative evaluation

In 23 months of this pilot project, 83 private practitioners working in Cayenne Kourou, Saint Georges de l'Oyapock and Saint Laurent du Maroni agreed to participate. There were only 2 specialists and 81 general practitioners. This amounts to 90% of all general medicine private practitioners in French Guiana. A total of 4868 tests were performed, among which 43 were positive, thus a prevalence of 0.8%. Among the positive tests, 2 patients were already aware of

their HIV infection, 2 other patients were never seen again by the private practitioner. Overall, 41 new HIV patients were discovered with rapid tests. There were 14 undetermined tests. Among the tested patients 48% were foreigners. The median age was 34 years (IQR= 24-45 years), 65% of tested persons were women. For HIV positive tests, 58% were women. The median age of positive tests was 46,5 years range (25-76), IQR 25-75=36-55. Overall, for all of French Guiana, the purchasing of rapid tests, the payment of practitioners, the communication, training cost 191 000 euros between December 2011 and May 2013. Among the practitioners having agreed to participate, 80% had performed at least one rapid test with an average 3,5 rapid tests per month (range 1-190 tests per month).

Evaluation of acceptability for practitioners

A total of 32 physicians were surveyed: 29/32 declared that using rapid tests was pertinent and feasible. 28/32 declared feeling at ease to propose the test, to discuss the patient's sexual practices and to give the test result. The practitioners declared they proposed the test in similar situations than those where they prescribe an ELISA method (patient request, epidemiologic or clinical indications). Physicians also declared testing persons that had no medical follow up, were reticent to do the test elsewhere.

Half of surveyed practitioners declared that no patient refused a rapid test. For those reporting patient refusal, in half of the cases it was because the patient had recently had an HIV test.

The surveyed practitioners declared that overall with pre and post test counselling, and the test itself the process took 11 minutes on average when the test was negative and 40 minutes when the test was positive. For 53%, the rapid test could be integrated in a standard consultation. Concerning the technical test realization, 54% thought that the capillary blood collection was difficult or very difficult.

Overall, 26/32 practitioners declared that it was difficult for them to propose the test to all patients targeted, mostly because they had too many patients awaiting consultation, and testing them would make them lose time.

Survey of patients

For 62.5% of the 213 patients interrogated, the private practitioner was the first person they would consult to do an HIV test; 85% declared they would accept to do a rapid test if the physician asked them to do it; and 85% of persons found very interesting that private practitioners could propose a rapid test at their practice; 67% of surveyed patients did not know their practitioner could propose a rapid test.

Discussion

The estimated 1 000 persons that are infected with HIV and not aware of it should be the main focus of the testing effort in French Guiana (Hamers & Phillips, 2008; INSEE, 2009; Yazdanpanah et al., 2010). The present pilot study showed the feasibility and acceptability, among patients and practitioners, of rapid HIV testing in the setting of private practice in French Guiana. With 41 new HIV diagnoses in 18 months and 90% of private practitioners having signed up (unheard of in France), the intervention seemed to have some success. Indeed, in Cayenne Hospital's HIV clinic there seemed to be a surge in new HIV patients (figure 2) and the proportion of patients with CD4 counts <200 decreased for the first time when compared with the previous years (COREVIH Guyane, 2013). These converging elements do not however prove that rapid HIV testing by private practitioners was the only possible cause for improving HIV diagnosis because a number of other interventions were simultaneously implemented (rapid testing by NGOs, voluntary testing at the emergency department, rapid testing in a mobile truck by the Red Cross). However, all other innovations combined did not manage to identify as many patients. In addition, the 41 diagnoses only corresponds to HIV rapid tests but

physicians still use standard ELISA testing at the laboratory. The proportion of rapid versus standard ELISA was not known, physicians plausibly substituted ELISA tests for rapid tests in some situations.

Although the official message (Ministry of Health, 2010) « In French Guiana one test per person and per year » has been largely relayed, the practitioners, in fact, have a targeted approach to testing relying on epidemiological context or clinical signs. Although a few practitioners managed to do a large number of tests, the realization of rapid tests was however often reported to be difficult. In a context of scarcity of practitioners (Boula, 2011), they were time consuming. The supply, training, communication required the consistent investment of 2 coordinating physicians. Although the national Plan against HIV AIDS recommends a particular effort on HIV testing, this pilot study has now come to an end and will no longer be funded by the Health authorities. Figure 3 shows that in February 2013, when private practitioners started to learn that they would no longer be compensated for the time spent, they massively withdrew from the initiative. The precision of the data in the last 3 months may be less reliable because some physician then refused to give their registries, but the visible decline was genuine because physicians also refused to take new test kits because they would not use them anymore.

It is officially recommended that each sexually active person in French Guiana get an HIV test annually (HAS, 2009; Ministry of Health, 2010). This would concern approximately 130 000 persons who, using the normal Elisa method, would each require an initial consultation (27.60 euros per consultation) to prescribe the test, would then need to go to a laboratory (14.58 euros each test) and then consult once more to get the result from the prescribing physician. Overall, for French Guiana, if this only relied on private practitioners and in the unlikely event that all who had an indication willingly consulted the practitioners, this would cost 5.5 million euros per year using the normal ELISA, not counting the cost of the first consultation. This would indeed be an extreme consequence of the official recommendation. In real life, the rapid 4 868 tests were performed in 23 months at a cost of 191 000 euros, performing the same number of tests with the standard ELISA would have cost 205 000 euros, not counting the cost of the first consultation, and it is predictable that a significant proportion would not have bothered with the whole process of going to a lab and then coming back to the practitioner for the result. Yet the pilot project was terminated. Instead the ministry of health is now promoting a one week communication campaign to promote testing, with presumably minimal implication of private practitioners who have expressed strong resentment.

Indeed, the financial conjuncture is difficult, but it is perplexing to see the interruption of a concrete and cost effective intervention that led to diagnose 41 new patients (4 % of the estimated undiagnosed HIV population in French Guiana): not a small feat for a sparsely populated region. Media communication should not take priority over practical and effective interventions, it should promote them.

Boula, T. E. (2011). *Projection de l'offre et de la demande de soins aux Antilles-Guyane à l'horizon 2030*: CEREGMIA, Université des Antilles et de la Guyane.

Champenois, K., Cousien, A., Cuzin, L., Le Vu, S., Deuffic-Burban, S., Lanoy, E., et al. Missed opportunities for HIV testing in newly-HIV-diagnosed patients, a cross sectional study. *BMC Infect Dis*, 13, 200.

Guyane, C. (2013). *Rapport d'activites 2012 COREVIH GUYANE*. Retrieved 24/07/2013, 2013

Hamers, F. F., & Phillips, A. N. (2008). Diagnosed and undiagnosed HIV-infected populations in Europe. *HIV Med*, 9 Suppl 2, 6-12.

HAS. (2009). *Depistage de l'Infection par le VIH/Sida en France: Stratégies et Dispositif de dépistage. Synthèse et recommandations*. Paris: Haute Autorité de Santé.

INSEE. (2009). *REcensement de la population de 2006. La Guyane: une région jeune et attractive. premiers résultats* Institut National de la Statistique et des Etudes Economiques.

INVS. (2012). *Données épidémiologiques VIH/Sida France entière et par COREVIH (InVS)*. Saint Maurice: Institut National de Veille Sanitaire.

Marks, G., Crepaz, N., & Janssen, R. S. (2006). Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*, 20(10), 1447-1450.

Plan National de lutte contre le VIH/SIDA et les IST en direction des populations d'Outre Mer, 2010-2014. (2010). In M. d. I. S. e. d. Sports (Ed.). Paris.

Yazdanpanah, Y., Sloan, C. E., Charlois-Ou, C., Le Vu, S., Semaille, C., Costagliola, D., et al. Routine HIV screening in France: clinical impact and cost-effectiveness. *PLoS One*, 5(10), e13132.

Figure 1: Posters in physicians waiting rooms.

**Faites le test du VIH/Sida
ici en 5 minutes !**
On est tous concerné par le dépistage du VIH/Sida.
Parlez-en à votre médecin traitant.

**Dyaso, ini 5 miniti
yu meki yu SIDA test kaba !**
SIDA a no wan sani fu yu wanwan.
Taki nanga yu oso datra abra SIDA.

**Faça o teste
HIV/AIDS
aqui em 5 minutos !**
O AIDS é um problema de todos
faça o teste e seja responsável.
Fale ao seu médico.

**Ou kapab
fè tè sida-a ISIT LA
nan 5 minit !**
Tes Sida sé pwoblèm nou tout.
Fè yon ti palé
avek doktè-w.

**Get your HIV test
done in 5 minutes HERE!**
We are all concerned about the HIV test
Talk to your doctor about it.

Logos at the bottom: **ESPICU**, **ars**, **ARS**, and **ARS**.

Figure 2: Number of new HIV patients per year at the Cayenne HIV Outpatient department

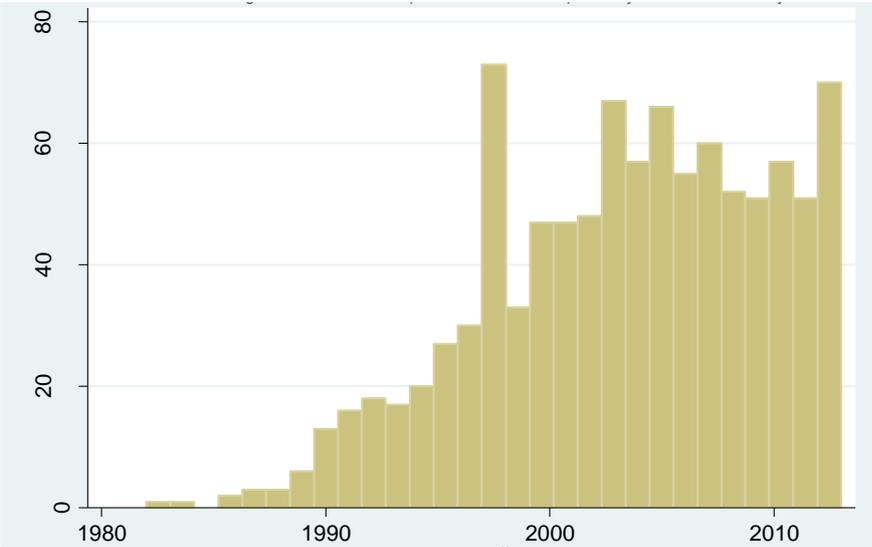


Figure 3: Number of HIV rapid tests and number of participating physicians, aggregated by month, between 12/01/2011 and 05/31/2013

